

TRANSMITTAL LETTER

P99000024388

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT:

Cuidame, Inc.

(Proposed corporate name - must include suffix)

000002802600--3

-03/11/99--01076--010

\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: ESTEBAN GONZALEZ MANZANO, 3, MAYRALISA ARBELLO-SMITA  
Name (Printed or typed)

4015 SW 103 ave

Address

MIAMI, FL 33165

City, State & Zip

(305) 227-0005

Daytime Telephone number

FILED  
99 MAR 11 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

B. BROCK MAR 17 1999

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

**CUIDAME, INC.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**4015 SW 103 Ave  
Miami, Florida 33165**

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**100 SHARES OF STOCK**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

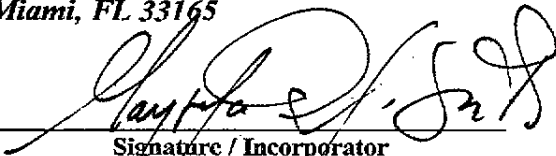
The name and Florida street address of the initial registered agent are:

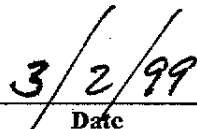
**Mayralisa Arbelo-Smith  
4015 SW 103 Ave  
Miami, FL 33165**

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

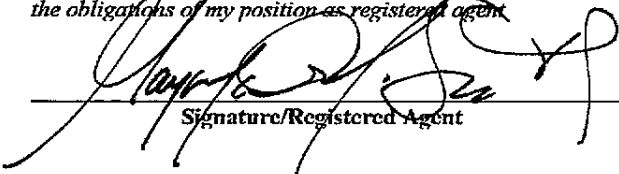
**Mayralisa Arbelo-Smith  
4015 SW 103 Ave  
Miami, FL 33165**

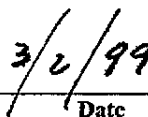
  
\_\_\_\_\_  
Signature / Incorporator

  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA